



3762

PTO/SB/81 (09-03)

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/693,551
Filing Date	10 Oct 2000
First Named Inventor	Kroll
Title	Electrical Cardiac Output Force
Art Unit	3762
Examiner Name	Jastrzab
Attorney Docket Number	43169.62.1

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Name	Registration Number
Kai Kroll, pro se	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Kai Kroll				
Address	Galvani, Suite 190				
Address	6901 East Fish Lake Road				
City	Maple Grove	State	MN	Zip	55369
Country	USA				
Telephone	763-463-0000	Fax	763-463-4817		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Kai Kroll		
Signature			
Date	30 Dec 2003	Telephone	763-463-0000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket Number	43789,62.1

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mark Kroll		
Signature			
Date	30 Dec 2003	Telephone	805-582-4966

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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